



# FLORIDA LEGISLATIVE EMPLOYMENT APPLICATION

Human Resources  
Room 701, Claude Pepper Building  
111 W. Madison Street - Tallahassee, Florida 32399-1400  
(850) 488-6803 - (850) 413-7984



## APPLICANT INFORMATION

(TYPE OR PRINT IN INK)

NAME (Last, First, Middle)		(Prior)	
MAILING ADDRESS		HOME TELEPHONE	
CITY, STATE, COUNTY, ZIP		BUSINESS TELEPHONE	
Are you retired from any State Administered retirement plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date: _____

## WORK PREFERENCE

EMPLOYMENT REQUESTED:  <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary  DATE AVAILABLE: _____  COUNTY PREFERENCE: _____	POSITION APPLIED FOR: _____  If you are not applying for a specific vacancy, please indicate your work preference: <table border="0"><tr><td><input type="checkbox"/> Accounting</td><td><input type="checkbox"/> Investigation</td><td><input type="checkbox"/> Research &amp; Analysis</td></tr><tr><td><input type="checkbox"/> Administrative Support</td><td><input type="checkbox"/> Legal</td><td><input type="checkbox"/> Secretarial</td></tr><tr><td><input type="checkbox"/> Administration</td><td><input type="checkbox"/> Legislative Assistant</td><td><input type="checkbox"/> Support Services</td></tr><tr><td><input type="checkbox"/> Clerical</td><td><input type="checkbox"/> Library Services</td><td><input type="checkbox"/> Systems &amp; Data Processing</td></tr><tr><td><input type="checkbox"/> Economics</td><td><input type="checkbox"/> Printing/Reproduction</td><td><input type="checkbox"/> Word Processing</td></tr><tr><td><input type="checkbox"/> Editing/Proofreading</td><td><input type="checkbox"/> Public Information</td><td></td></tr></table>	<input type="checkbox"/> Accounting	<input type="checkbox"/> Investigation	<input type="checkbox"/> Research & Analysis	<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Legal	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Administration	<input type="checkbox"/> Legislative Assistant	<input type="checkbox"/> Support Services	<input type="checkbox"/> Clerical	<input type="checkbox"/> Library Services	<input type="checkbox"/> Systems & Data Processing	<input type="checkbox"/> Economics	<input type="checkbox"/> Printing/Reproduction	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Editing/Proofreading	<input type="checkbox"/> Public Information	
<input type="checkbox"/> Accounting	<input type="checkbox"/> Investigation	<input type="checkbox"/> Research & Analysis																	
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Legal	<input type="checkbox"/> Secretarial																	
<input type="checkbox"/> Administration	<input type="checkbox"/> Legislative Assistant	<input type="checkbox"/> Support Services																	
<input type="checkbox"/> Clerical	<input type="checkbox"/> Library Services	<input type="checkbox"/> Systems & Data Processing																	
<input type="checkbox"/> Economics	<input type="checkbox"/> Printing/Reproduction	<input type="checkbox"/> Word Processing																	
<input type="checkbox"/> Editing/Proofreading	<input type="checkbox"/> Public Information																		

## EDUCATION

CIRCLE highest grade completed:

1	2	3	4	5	6	7	8	9	10	11	12	GED	College	1	2	3	4	5	Graduate School	1	2	3	4	5
---	---	---	---	---	---	---	---	---	----	----	----	-----	---------	---	---	---	---	---	-----------------	---	---	---	---	---

SCHOOL	DID YOU GRADUATE?		NAME AND ADDRESS	MAJOR / MINOR	DEGREE RECEIVED	MONTH/YEAR GRADUATED	IF NO DEGREE # HRS. EARNED	
	YES	NO					QTR	SEM
High School								
Community/ Vocational/ Technical/ College								
College/ University								
Graduate/ Professional								
Other								

### LICENSES - CERTIFICATIONS - SPECIAL SKILLS

Please indicate typing, computer/wordprocessing skills, foreign language proficiency, professional or occupational licensure you currently possess.

Has any disciplinary action ever been taken against your certificate or license? ☐ Yes ☐ No

## EMPLOYMENT HISTORY

FOR PERSONNEL USE ONLY

Please begin with most recent employer.

If currently employed, may we contact your employer?   ☐ Yes   ☐ No

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ (   ) Part Time (   ) Full Time (   ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR PERSONNEL USE ONLY

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ (   ) Part Time (   ) Full Time (   ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR PERSONNEL USE ONLY

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: ( \_\_\_\_ ) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ (   ) Part Time (   ) Full Time (   ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR PERSONNEL USE ONLY**

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**FOR PERSONNEL USE ONLY**

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_**FOR PERSONNEL USE ONLY**

Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Ext: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_ ( ) Part Time ( ) Full Time ( ) Volunteer

Position Title: \_\_\_\_\_

Ending Salary \$ \_\_\_\_\_

Primary Duties: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or seeking other employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT ELIGIBILITY

Are you legally entitled to work in the United States ?    ☐ Yes    ☐ No

SPECIAL NOTE: If you are not a U.S. citizen, you must attach a copy of an I-151 or similar documentation to confirm your eligibility for employment consideration with the Florida Legislature.

## SELECTIVE SERVICE

Section 110.1128, Florida Statutes, requires male applicants between the ages of eighteen and twenty-six to provide proof of registration with the United States Selective Service as required by the Military Selective Service Act. If you are in this age group, please provide your date of birth and your Selective Service number.

Date of Birth: \_\_\_\_\_ Registration Number: \_\_\_\_\_

## RELATIVES

Please list the names and relationships of relatives\* who are a member of the Legislature, a legislative employee, a lobbyist, a member of the Florida Cabinet or the Governor, a key Cabinet aide, the head of an executive branch department or an appointed secretary or executive director.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Office: \_\_\_\_\_

\*"Relative" is defined as: Father, mother, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, husband, wife, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepmother, stepson, stepdaughter, stepbrother, stepsister, half brother, or half sister.

## LEGAL HISTORY

Have you pleaded nolo contendere to, or been convicted of, a first degree misdemeanor or a felony ?    ☐ Yes    ☐ No

A conviction includes a plea of guilty, guilty verdict, or finding of guilt, regardless of whether the sentence is imposed by the Court or adjudication is withheld. If "Yes", please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A "yes" answer to these questions will not necessarily bar you from employment. Each case will be judged on its own merit, with respect to time, circumstances, and seriousness as it may relate to employment.

## REFERENCES

Please list three references excluding relatives and former employers.

NAME

MAILING ADDRESS

TELEPHONE NUMBER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION AND CERTIFICATION

I hereby authorize the Florida Legislature to verify all information contained in this application and supplement hereto. I consent to the release of any information regarding my eligibility for legislative employment by employers, educational institutions, law enforcement agencies, personal references or other organizations.

I certify that the above statements are true and complete to the best of my knowledge. I further understand that any misrepresentations or false statements made by me on this application, or any supplement hereto, may be grounds for immediate discharge and/or rejection from consideration for further employment. If employed, I understand that my employment and compensation can be terminated with or without cause and with or without notice at any time at the option of either the Legislature or myself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If employed by the Florida Legislature, you will be subject to the provisions of Section 11.26, Florida Statutes which prohibit legislative employees from lobbying or providing legal advice outside the Legislature.

***All employment applications will remain active for six months, and pursuant to legislative policy, are available for review by the public.***